

ingly fraught with experiences where truth was most barbarously, most cruelly trampled in the dust, while falsehood was enthroned on a pedestal of gold. And, therefore, there is not the slightest doubt that if these magic healers succeed, all the other learned professions—engineering, agriculture, architecture, etc.—will come next. This question thus deserves the critical attention of every man, not as a matter of protecting a particular group who happen to be indispensable to the welfare of the nation and the race; but as a matter of preserving the most ancient and most noble of all the sciences. The quacks are overrunning the country with their most absurdly senseless health doctrines; and we, the educated guardians of the health and life of the nation, ostrich-like hide our heads in our scientific medical journals, allowing the truth about these vital subjects to remain inaccessible to the public.

The scientific facts of recent medical discoveries are daily being distorted and misrepresented by a certain type of public press—to the detriment of the public. One need not be a physician to be stirred to indignation.

Of all people physicians should be the first to insist that all medical truths be made known to the public. If possible, we ought to see that this is done by means of the public press. This agency should serve as the medium through which medical men may impart to the people the true facts of the latest medical discoveries.

In his monograph Bourgeau mentions that even such authoritative newspapers as the *Paris Matin* handle very carelessly, often even distort almost wilfully, matters pertaining to scientific medicine. Thus what may be termed dangerous handling of some of the most important medical subjects may result in failure on the part of the ailing to seek competent medical advice in time. This in turn results in hopeless protraction of such diseases as syphilis, tuberculosis, and cancer. The patient first tries all the "cures" advertised by the newspaper. When he finally comes to the physician he is in a hopeless condition. Bourgeau cites as an illustration some of the headlines of the *Paris Matin* on this subject, some of which I beg to reproduce here and request the reader to look for similar ones in his own paper:

"Contagion Has Been Abolished in Scarlet Fever"; "The Transfusion of Blood Is a Dangerous Procedure to Donor"; "Anteriosclerosis Vanquished"; "One-Half of Those Who Are Deaf Are Cured by Radium," etc.

All of us remember the sensationalism of the so-called interstitial gland transplantation. The evils of such medical falsehoods are self-evident to the physician.

The only remedy is the popularization of medicine. It should be expounded by medically trained journalists. This will result in a closer understanding between the laity and the medical profession, and will remove the ancient veil of mystery and secrecy. In the comment referred to above, the *Journal of the A. M. A.* states:

"Bourgeau's criticism of the French press applies with equal weight to the press of the United

States. Fortunately, in this country there is at least a beginning of betterment, for a few of the larger and better class papers have recognized the necessity of greater accuracy of this class of reporting and have a trained personnel to cover matters of this sort and insure that the written account may be something more than a fanciful story written by one to whom even the terminology of the subject is an unintelligent jargon."

But to bring about a condition where matters would be at least tolerable physicians must see to it that some of our journalists are trained in the science of medicine and some medical men acquire the art of journalism. This is the only hope we have in popularizing the knowledge of medicine and ridding the world of the pestilential influence of the "healers" who prey upon it in a thousand ways.

(1115 Story Building, Los Angeles.)

#### POPULAR HEALTH ARTICLES

The League for the Conservation of Public Health is editing and conducting a department for the *San Francisco Examiner* and the *Los Angeles Examiner* devoted to popular health articles written by scientific medical men. The combined circulation of these two papers daily is a quarter-million and the Sunday editions are read by more than a half-million people.

The League has requested us to invite all the members of the State Society to send to the Executive Secretary of the League, Butler Building, San Francisco, timely articles, of about 500 words each, expressing in popular terms some concrete facts or phase of scientific medicine. All the various scientific agencies and methods that are used by scientific medical men to promote and protect health, to combat and cure disease, come within the scope of the articles which are being published in the *Better Health Service* conducted by the League. As a practical method for popularizing medical knowledge this enterprise of the League merits our fullest co-operation.—[Editor's Note]

#### TREATMENT OF OAK DERMATITIS CAUSED BY RHUS DIVERSILOBA

By HARRY E. ALDERSON, M. D., San Francisco

Since the articles published by Schamberg,<sup>1</sup> Strickler<sup>2</sup> and Alderson,<sup>3</sup> describing the specific treatment of poison ivy and poison oak dermatitis, there have been many inquiries regarding the use of this substance. As most correspondents ask practically the same questions, this article will serve to answer all of them.

The preparation is not a "serum." It is an alcoholic solution of the toxin of the poison oak plant (*Rhus diversiloba*). It is prepared as follows: A given weight of fresh crushed leaves of *Rhus diversiloba* is covered with absolute alcohol, extracted, filtered and precipitated, and the precipitate dried at low temperature. A given weight of the toxin is dissolved in absolute alcohol and sterile water added. An arbitrary standard is set for the weight of the toxin, volume of absolute alcohol and the volume of sterile water. It is hoped to be able to standardize the preparation soon.

A large quantity was made in this way by George Broemmell, B.S., Ph.G., Ph.C., and its toxicity tested on various laboratory animals. It was found that as much as 3 cc. had no toxic effects aside from the alcohol action on guinea pigs.

It is not a "secret proprietary article," but can

be made by any competent chemist who has access to a supply of fresh poison oak (*rhus diversiloba*) leaves and twigs. It is advisable, however, to try out the newllymade toxin on the guinea pig to determine its toxicity before using any given lot.

We have had no untoward effects. Out of several hundred patients injected only a few have felt faint or nauseated, and in each instance this was due principally to psychological factors. One patient developed hyperesthesia and various other purely nervous symptoms which were due to other causes.

Our greatest success with this substance has been in the treatment of cases of acute dermatitis venenata due to poison oak, but we feel that in many, greatly increased tolerance for the poison has been produced, so that the patients appear to have become immune. As this is not like the immunity produced by bacterial products, it is felt that one should take a course of the toxin every year. This is because tolerance for any chemical poison which is acquired by taking the same in increasing doses gradually wears off (as, for instance, with arsenic, nicotine, morphine, etc.). However, some poison oak patients seem to maintain their tolerance for longer periods than others. This latter observation has been made of those who seem to have "natural immunity." Occasionally those possessing this "natural immunity" lose the same and they at times may show great susceptibility to the effects of the plant. So far no satisfactory explanation of this phenomenon has been found.

It is not claimed that this treatment is invariably successful. We consider, however, that in most cases the results by this method are superior to those that we have seen after any other plan of therapy. The acute symptoms almost invariably subside promptly. Repair of the damaged skin naturally is slower with some individuals than with others. This terminal dry, peeling phase may last several days, but should not be regarded as being part of the *active* poison oak dermatitis.

*Method of treatment in active cases.*—With very young children we have not attempted to give the injections, but have administered the more dilute solution by mouth, regulating the dosage according to the usual rules applying to therapy in pediatrics. We have given 0.5 cc. of the toxin intragluteally to children over six years of age with good effect. With older patients from 0.5 to 1.5 cc. are given *intragluteally* and the dose is repeated again in twenty-four hours, and again twenty-four hours later if improvement in the subjective and objective symptoms is not very definite. Usually within forty-eight hours there is great improvement and it is seldom that a third injection is found necessary.

At the same time the following solution is given by mouth until finished:

Rx:

Oak toxin solution..... 4 0  
Aromatic elixir q. s. ad.....90 0

M. Sig.—Begin with gtt. X in water t. i. d. p. c., increasing by one drop each dose until gtt. XX are

being taken. Then take one teaspoonful once daily.

By this method tolerance for the poison may be established. It is recommended that this solution be taken in the manner prescribed once a year. It is hardly necessary to warn against getting the solution into a vein; also it should not be given unless one is sure that the dermatitis is due to poison oak and not to the primrose or other plants, hair dye or other chemical irritants.

<sup>1</sup> Schamberg: Discussion on Eczema, J. A. M. A., 68:87, Jan. 13, 1917. "Desensitization of Persons Against Ivy Poison," J. A. M. A., 73:1213, Oct. 18, 1919.

<sup>2</sup> Strickler: Jour. Cut. Dis., June, 1918.

<sup>3</sup> Alderson: Calif. State Jour. of Med., May, 1921. (240 Stockton Street.)

## AN OUTBREAK OF EPIDEMIC JAUNDICE IN NEVADA CITY, CALIFORNIA

By A. H. TICKELL, M. D., Nevada City, Calif.

During the early part of November of last year there occurred in my practice two cases of what then appeared to be catarrhal jaundice. Following these, however, some twenty other cases have arisen, so that it became forcibly impressed on me that an infectious disease was prevailing.

In the Journal of the A. M. A. of January 14, 1922, appears an item regarding suspected epidemic jaundice in New York State, due to groups of suspicious cases in Madison, Oswego, and St. Lawrence Counties. The outcome of the investigation I have not as yet learned.

Dr. Herman of New York City also reports in the Journal of January 28, 1922, that a large number of cases have occurred in that city during the past three months. These reports coincide very closely with conditions existing here.

The infection still persists and new cases are appearing. Age apparently is not a factor as I have had patients as young as five and as old as forty years, the young, however, due to their greater exposure to contact in school and homes, being in the greater number. In homes where two or more children reside, the disease shows a definite tendency to spread from one to the other; the period of exposure to outbreak being about two weeks.

The disease is characterized by sudden onset, abdominal pain, and fever accompanied by chills. The fever continues according to the severity of the cases, which vary greatly. Muscular pains, headache, nasal hemorrhage, severe nausea, enlargement of the liver and spleen, followed often by pronounced general weakness are also usual symptoms. Jaundice appears about the third or fourth day after the onset, with clay-colored stools and bile-stained urine, at times containing blood.

In the Reference Handbook of the Medical Sciences, under the synonym of "Weils Disease," a quite complete history of this disease will be found. The writer, however, describes the conditions as existing in Europe and Japan, stating its occurrence is rare in this country. We must take into consideration the improved living conditions and general hygiene which go far to mitigate the virulence of all infectious diseases, and not be misled when confronted by milder conditions that simulate classical descriptions.

The origin of the infection in this section is obscure, but in all probability it has been brought in by food and spread by rats and mice, as a large proportion of the vegetables and fruits are sent in from the truck farms of the valleys, where foreign and Japanese labor is largely employed.

Treatment has been largely symptomatic, with rest in bed. The initial nausea and tenderness appeared to be controlled by constant hot, moist applications over the region of the gall-bladder. Prognosis has so far been favorable. Prophylactic measures should be taken and all excreta attended to, as in typhoid.